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APPLICATION NUMBER	FILING DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NO.

	EXAMINER		
_	ART UNIT	PAPER NUMBER	
		سكاني	

INT	DATE MAILED:
All participants (applicant, applicant's representative, PTO per	rsonnel):
(1) PATERIA DUFTY (5XX)	(3)
· –	(4)
Dat of Interview 4 Aug 99	
Type: ☑ Telephonic ☐ Personal (copy is given to ☐ app	olicant applicant's representative). If yes, brief description:
Agr ement □ was reached. □ was not reached.	
Claim(s) discussed:	
Identification of prior art discussed:	
·	agreement was reached, or any other comments: Descissed
(A fuller description, if necessary, and a copy of the amendments be attached. Also, where no copy of the amendments wattached.) 1. 1. 1. 1. 1. 1. 1. 1	ents, if available, which the examiner agreed would render the claims allowable which would render the claims allowable is available, a summary thereof must be ecord of the substance of the interview.
IS NOT WAIVED AND MUST INCLUDE THE SUBSTANCE C	the contrary. A FORMAL WRITTEN RESPONSE TO THE LAST OFFICE ACTION OF THE INTERVIEW. (See MPEP Section 713.04). If a response to the last Office MONTH FROM THIS INTERVIEW DATE TO FILE A STATEMENT OF THE
rejections and requirements that may be present in the	ing any attachments) reflects a complete response to each of the objections, last Office action, and since the claims are now allowable, this completed form last Office action. Applicant is not relieved from providing a separate record of
Evaminer Note: You must sign this form unless it is an attach	mont to another form

FORM PTOL-413 (REV.1-96)